

is enormous for it isn't limited to medical malpractice. Yet no one—neither the bar nor CMA—has dared look at the full scope of the problem.

While the ills of medicine admittedly exist, they are being treated. On the other hand, I would suggest that Judge Goldberg could, as a leader of his profession, contribute by tending to the ills of his profession. He might start by instituting something like the frail systems of internal review currently existing in medicine. Perhaps he could even see what can be done to match law school quality to medical school quality in California. Some two thirds of California law schools are unaccredited. Many are little more than quick buck diploma mills.

Judge Goldberg—heal thyself.

BEN SHWACHMAN, MD, JD  
Covina, California

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### Judge Goldberg Replies

TO THE EDITOR: As both a doctor and a lawyer, Dr. Shwachman should appreciate the distinction between truth and relevance.

No responsible person whom I know contends that either the medical or legal professions are in perfect order, undeserving of reproach or immune to criticism. But my paper was written in response to an invitation to speak about doctors. I was not asked to speak about lawyers. Therefore the relevant proverb is not Dr. Shwachman's emendation of scripture but Saint Luke's original: "Physician, heal thyself."

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Judge of the Superior Court,  
Retired  
Sacramento, California

### Postzoster Neuralgia

TO THE EDITOR: A comprehensive report on herpes zoster by Dr. James B. Reuler in the December 1978 issue includes the statement that "The major therapeutic challenge facing clinicians is management of postherpetic neuralgia." We feel that postherpetic pain is manageable.

We reported our experience with the use of large doses of vitamin E in the form of d, alpha-tocopheryl acetate up to 1,600 IU daily over a period of several months, if necessary, in a series of 13 patients, during a four-year period, who had suffered from postzoster neuralgia.<sup>1</sup> Of the 13 patients, 11 had had moderate to severe pain for more than six months. Of these, seven had had the pain for more than a year, one for 13 years

and one for 19 years. Severity of the pain was estimated by the amounts of analgesics and sedatives required to control it. In nine of the 13 patients there was complete or almost complete relief from pain, in two there was moderate improvement and two thought that they were slightly improved. Of particular significance is the fact that the two patients who had suffered from the neuralgia for 13 and 19 years, respectively, were among those who had complete or almost complete relief.

We have continued to obtain comparable results during the ensuing five years since this report was published, and we also feel that the administration of large doses of d, alpha-tocopheryl acetate during the acute stage of the disease relieves the pain and shortens the duration of the process.

Female hormones and inorganic iron, such as in mineral supplements and white bread or cereals "reinforced" with iron, tend to inactivate vitamin E and should be avoided. Patients with hypertension or badly damaged hearts, or diabetic patients receiving insulin, should be started with much smaller doses, such as 100 IU a day, which can be gradually increased while the blood pressure and the serum glucose levels are monitored to avoid an insulin shock reaction.

Vitamin E properly used in adequate amounts is a simple, effective and nontoxic answer to Dr. Reuler's "therapeutic challenge."

SAMUEL AYRES, JR., MD  
RICHARD MIHAN, MD  
Los Angeles

### REFERENCE

1. Ayres S Jr, Mihan R: Post-herpes zoster neuralgia: Response to vitamin E therapy (Letter to the Editor). Arch Dermatol 108: 855-856, Dec 1973

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TO THE EDITOR: I read the article by Dr. James B. Reuler in the December issue of the journal with a minimum of interest and a maximum of amusement. Discussing the treatment of herpes zoster and postzoster neuralgia without mentioning the local subcutaneous injection of triamcinolone in saline is an anachronism. After 44 years in dermatology and the treatment of 400 cases with this modality, I can state with certainty that there is no other treatment that offers the prompt cure of acute zoster, beneficial results in 65 percent of the cases of postzoster neuralgia and the reduction of the latter complication to 2 percent to 3 percent of the cases of zoster treated by this method. These results are far superior to anything mentioned by Dr. Reuler in his article.

I notice that the author endorses the inadequate